50 WOLVERTON, P.O. BOX 509			
RI PON 54971 Phone: (920) 748-5638		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	103	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	113	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	81	Average Daily Census:	84
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Services Provided to Non-Residents		Age, Sex, and Primary Diagr	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	43. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	35. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4. 9	More Than 4 Years	21. 0
Day Services	No	Mental Illness (Org./Psy)	29. 6	65 - 74	12. 3		
Respite Care	Yes		11. 1	75 - 84	39. 5		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	34. 6	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	3. 7	95 & 0ver	8. 6	Full-Time Equivaler	nt
Congregate Meals	Yes	Cancer	1. 2	ĺ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	4. 9	65 & 0ver	95. 1	`	
Transportation	No	Cerebrovascul ar	2. 5			RNs	10. 0
Referral Service	No	Di abetes	8. 6	Sex	%	LPNs	10. 8
Other Services	No	Respi ratory	0. 0		'	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	38. 3	Male	28. 4	Aides, & Orderlies	40. 9
Mentally Ill	No			Femal e	71.6	•	
Provi de Day Programming for		j	100. 0				
Developmentally Disabled	No				100. 0		
************	****	, *************	*****	, *******	*******	, *************	*****

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	4	100.0	333	47	88. 7	99	0	0.0	0	23	95. 8	127	0	0.0	0	0	0.0	0	74	91. 4
Intermedi ate				6	11. 3	82	0	0.0	0	1	4. 2	127	0	0.0	0	0	0.0	0	7	8. 6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		53	100.0		0	0.0		24	100.0		0	0.0		0	0.0		81	100. 0

Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti ons	s, Servi ces,	and Activities as of 12	/31/01
Deaths During Reporting Period							
				% Ne	eedi ng		Total
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally	Number of
Private Home/No Home Health	4. 6	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	6. 2	5	59. 3	34. 6	81
Other Nursing Homes	0.0	Dressi ng	12. 3	:	53. 1	34. 6	81
Acute Care Hospitals	95. 4	Transferri ng	25. 9	;	35. 8	38. 3	81
Psych. HospMR/DD Facilities	0.0	Toilet Use	24. 7	;	37. 0	38. 3	81
Reĥabilitation Hospitals	0.0	Eati ng	56. 8	2	22. 2	21. 0	81
Other Locations	0.0	********	******	*****	********	********	******
Total Number of Admissions	108	Continence		% Sp	ecial Treatn	ents	%
Percent Discharges To:	j	Indwelling Or Externa	al Catheter	4. 9	Receiving Re	espi ratory Care	7. 4
Private Home/No Home Health	13. 5	Occ/Freq. Incontinent	t of Bladder	53. 1	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	16. 2	Occ/Freq. Incontinent	t of Bowel	29. 6	Receiving Su	ıcti oni ng	0. 0
Other Nursing Homes	2.7	_			Receiving 0s	stomy Care	0. 0
Acute Care Hospitals	7. 2	Mobility			Receiving Tu	ıbe Feedi ng	1. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0. 0	Receiving Me	echanically Altered Diets	s 44. 4
Rehabilitation Hospitals	0.0				_	-	
Other Locations	12.6	Skin Care		01	ther Resident	Characteri sti cs	
Deaths	47. 7	With Pressure Sores		4. 9	Have Advance	Directives	72. 8
Total Number of Discharges		With Rashes		0.0 Ma	edi cati ons		
(Including Deaths)	111				Receiving Ps	sychoactive Drugs	59. 3
-						-	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownershi p:				Si ze:		ensure:		_	
	Thi s	Non	profi t	100	- 199	Ski	lled	Al I		
	Facility	Peer	Group	Peer	Group	Peer	Group	Facilities		
	%	% Ratio		%	Ratio	% Ratio		%	Ratio	
Occumency Date: Avenege Deily Comoug/Licensed Dede	74.7	09.7	0.01	04 1	0.80	95 9	0.97	94 6	0.00	
Occupancy Rate: Average Daily Census/Licensed Beds	74. 7	92. 7	0. 81	84. 1	0. 89	85. 8	0. 87	84. 6	0. 88	
Current Residents from In-County	69. 1	74. 5	0. 93	79. 3	0. 87	69. 4	1.00	77. 0	0. 90	
Admissions from In-County, Still Residing	22. 2	27. 9	0. 80	25. 5	0. 87	23. 1	0. 96	20. 8	1. 07	
Admissions/Average Daily Census	128. 6	95. 2	1. 35	110. 2	1. 17	105. 6	1. 22	128. 9	1.00	
Discharges/Average Daily Census	132. 1	95. 2	1. 39	110. 6	1. 19	105. 9	1. 25	130. 0	1. 02	
Discharges To Private Residence/Average Daily Census	39. 3	31.4	1. 25	41. 2	0. 95	38. 5	1.02	52. 8	0. 74	
Residents Receiving Skilled Care	91. 4	91. 4	1.00	93. 8	0. 97	89. 9	1. 02	85. 3	1. 07	
Residents Aged 65 and Older	95. 1	97. 3	0. 98	94. 1	1. 01	93. 3	1. 02	87. 5	1. 09	
Title 19 (Medicaid) Funded Residents	65. 4	64. 2	1.02	66. 9	0. 98	69. 9	0. 94	68. 7	0. 95	
Private Pay Funded Residents	29. 6	29. 6	1.00	23. 1	1. 28	22. 2	1. 33	22. 0	1. 35	
Developmentally Disabled Residents	0. 0	0. 7	0.00	0. 6	0.00	0.8	0. 00	7. 6	0. 00	
Mentally Ill Residents	40. 7	36. 0	1. 13	38. 7	1.05	38. 5	1.06	33. 8	1. 21	
General Medical Service Residents	38. 3	21.3	1. 79	21.8	1. 76	21. 2	1.80	19. 4	1. 97	
Impaired ADL (Mean)	54. 3	49. 0	1. 11	48. 4	1. 12	46. 4	1. 17	49. 3	1. 10	
Psychological Problems	59. 3	50. 2	1. 18	51. 9	1. 14	52. 6	1. 13	51. 9	1. 14	
Nursing Care Required (Mean)	7. 3	7. 5	0. 97	7. 5	0. 97	7. 4	0. 97	7. 3	0. 99	
nui sing care wequired (weall)	7.3	7.3	0. 97	7. 3	0. 37	7.4	0. 97	7.3	0. 33	